PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/693,017			ing Date 24/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T .	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD INO	N/A	ı	N/A	122 (0)	i	N/A	TLL (0)		
	SEARCH FEE		N/A		N/A	ı	N/A		1	N/A			
	(37 CFR 1.16(k), (j), (EXAMINATION FE (37 CFR 1.16(o), (p), (p)	E	N/A		N/A	ı	N/A		1	N/A			
	(37 CFR 1.16(0), (p), (FAL CLAIMS CFR 1.16(i))	or (q))	minus 20 = *				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =			
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı				
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL			
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	09/08/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18())	• 32	Minus	~ 46	= 0		X \$25 =	0	OR	x s =			
	Independent (37 CFR 1.16(h))	• 4	Minus	 5	= 0		X \$105 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(i))		Minus	**	-	l	x \$ =		OR	x \$ =			
M	Independent (37 CFR 1.16(h))		Minus	***	-	1	x \$ =		OR	x s =			
Ä	Application Size Fee (37 CFR 1.16(s))]				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
	•								OR	TOTAL ADD'L FEE			
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner, "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".													

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